

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-018246

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

4728

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

4728

STATE FILE NUMBER

FILED MAY 9 1963

1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)

OR
TOWN

ST LOUIS

Length of stay in 1b

26 days

c. FULL NAME OF (If NOT in hospital; give location)
HOSPITAL OR
INSTITUTION

Vets Administration Hosp

Inside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE MISSOURI b. COUNTY

c. CITY

OR
TOWN

ST LOUIS

Inside Limits

Yes ☒ No ☐d. STREET
ADDRESS

(If outside, give location)

4054 Cook Ave

Reside on Farm

Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First

Robert

Middle

E

Last

Smith

4. DATE
OF
DEATHMonth Day Year
4/28/63

5. SEX

Male

6. COLOR OR RACE

Negro

7. Married ☐ Never Married ☐Widowed ☒ Divorced ☐

8. DATE OF BIRTH

8/26/08

9. AGE (last birthday)

54

IF UNDER 1 YEAR IF UNDER 24 HR

Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Carpenter

10b. KIND OF BUSINESS OR INDUSTRY

Carpenter's Union

11. BIRTHPLACE (City and state or country)

Jackson, Tenn

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

John Smith

13b. MOTHER'S MAIDEN NAME

Green

14. NAME OF HUSBAND OR WIFE

None

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

Yes

WW II

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Eva Johnson (sister) See 2 above

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

INTRAVENTRICULAR HEMORRHAGE

INTERVAL BETWEEN ONSET AND DEATH

3 HOURS

CEREBRAL ATROPHY

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

355x

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☒ No ☐ Unknown19. WAS AUTOPSY PERFORMED?
YES ☒ NO ☐

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour
a.m.
p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. ☒ attended the deceased from

4/3/63

to 4/28/63

and last saw him alive on

4/28/63

Death occurred at

7:30 AM

m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

MD

VAH, St Louis, Mo.

22c. DATE SIGNED

4/29/63

23a. BURIAL, CREMATION, REMOVAL (Specify)

Removal

23b. DATE

5/3/63

23c. NAME OF CEMETERY OR CREMATORY

National Cemetery

23d. LOCATION (City, town, or county)

Jefferson Barracks

(State)

Mo.

24. FUNERAL DIRECTOR

ADDRESS

1221 N. Grand Blvd

25. DATE RECD. BY LOCAL REG.

APR 30 1963

26. REGISTRAR'S SIGNATURE

Eva Johnson M.D.

USE BLACK INK

OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

INSTEAD OF

DATE AMENDED

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO.

VS 300
Rev. 4/59

1

2

3

4

5

6

7

8

9

10

11

12

13

83-0

83

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed _____

Oliver E. Cortimble

Licensed Embalmer No. 5185

P.O. Address 1221 N Grand ave

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, He also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.